MAPLE LANE HEALTH CARE CENTER

N4231 STATE HWY 22

SHAWANO	54166	Phone: (715) 52	6-3158	Ownership:	County
Operated from	1/1 To 12/33	1 Days of Oper	ation: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/0	3): 78	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	78	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/03:	71	Average Daily Census:	73

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	\ \ 		14.1 33.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.3	More Than 4 Years	47.9
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	22.5 29.6	•	95.8
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		************************************	
Congregate Meals	No	Cancer	0.0	İ		Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over		(12/31/03)	
Transportation	No	Cerebrovascular				RNs	8.4
Referral Service	No	Diabetes		Gender	용		9.2
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	57.2
Mentally Ill	No	I		Female	70.4	I	
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	 	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	58	100.0	114	0	0.0	0	13	100.0	125	0	0.0	0	0	0.0	0	71	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		58	100.0		0	0.0		13	100.0		0	0.0		0	0.0		71	100.0

Admissions, Discharges, and Deaths During Reporting Period	i					d Activities as of 12/ 	
3 1	į				% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	13.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	7.0		59.2	33.8	71
Other Nursing Homes	34.8	Dressing	19.7		54.9	25.4	71
Acute Care Hospitals	30.4	Transferring	40.8		45.1	14.1	71
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		63.4	11.3	71
Rehabilitation Hospitals	4.3	Eating	60.6		14.1	25.4	71
Other Locations	17.4	******	*****	*****	*****	******	*****
Total Number of Admissions	23	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	I	Indwelling Or Extern	al Catheter	1.4	Receiving Resp	iratory Care	4.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	66.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontinen	t of Bowel	32.4	Receiving Suct	ioning	1.4
Other Nursing Homes	0.0				Receiving Osto	my Care	4.2
Acute Care Hospitals	3.8	Mobility			Receiving Tube	Feeding	1.4
Psych. HospMR/DD Facilities	7.7	Physically Restraine	d	33.8	Receiving Mech	anically Altered Diets	35.2
Rehabilitation Hospitals	0.0						
Other Locations	11.5	Skin Care			Other Resident C	haracteristics	
Deaths	73.1	With Pressure Sores		2.8	Have Advance D	irectives	91.5
Total Number of Discharges	į	With Rashes		12.7	Medications		
(Including Deaths)	26				Receiving Psyc	hoactive Drugs	80.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Own	Ownership:		Size:	Lic	ensure:			
	This	Government		50	-99	Ski	lled	Al	1	
	Facility	Peer	Peer Group		Group	Peer	Group	Faci.	lities	
	용	% % Ra		%	% Ratio		Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	93.6	87.6	1.07	83.7	1.12	84.0	1.11	87.4	1.07	
Current Residents from In-County	77.5	77.0	1.01	72.8	1.06	76.2	1.02	76.7	1.01	
Admissions from In-County, Still Residing	43.5	25.0	1.74	22.7	1.92	22.2	1.96	19.6	2.21	
Admissions/Average Daily Census	31.5	107.5	0.29	113.6	0.28	122.3	0.26	141.3	0.22	
Discharges/Average Daily Census	35.6	108.9	0.33	115.9	0.31	124.3	0.29	142.5	0.25	
Discharges To Private Residence/Average Daily Census	1.4	48.3	0.03	48.0	0.03	53.4	0.03	61.6	0.02	
Residents Receiving Skilled Care	100	93.7	1.07	94.7	1.06	94.8	1.05	88.1	1.14	
Residents Aged 65 and Older	88.7	88.4	1.00	93.1	0.95	93.5	0.95	87.8	1.01	
Title 19 (Medicaid) Funded Residents	81.7	66.9	1.22	67.2	1.22	69.5	1.18	65.9	1.24	
Private Pay Funded Residents	18.3	18.9	0.97	21.5	0.85	19.4	0.94	21.0	0.87	
Developmentally Disabled Residents	0.0	0.5	0.00	0.7	0.00	0.6	0.00	6.5	0.00	
Mentally Ill Residents	81.7	46.3	1.76	39.1	2.09	36.5	2.24	33.6	2.43	
General Medical Service Residents	5.6	16.7	0.34	17.2	0.33	18.8	0.30	20.6	0.27	
Impaired ADL (Mean)	45.9	47.8	0.96	46.1	1.00	46.9	0.98	49.4	0.93	
Psychological Problems	80.3	63.4	1.27	58.7	1.37	58.4	1.37	57.4	1.40	
Nursing Care Required (Mean)	7.7	7.3	1.06	6.7	1.15	7.2	1.08	7.3	1.06	